

# **Exhibit 27**



## EDUCATIONAL COMMISSION for FOREIGN MEDICAL GRADUATES

3624 MARKET STREET, PHILADELPHIA, PENNSYLVANIA 19104-2685, U.S.A.

TELEPHONE: 215-386-5900 • CABLE: EDCOUNCIL, PHA.

## REQUEST FOR PERMANENT REVALIDATION OF STANDARD ECFMG CERTIFICATE

This form is to be completed for graduates of foreign medical schools who have entered programs of graduate medical education in the United States accredited by the Accreditation Council for Graduate Medical Education (ACGME) and who are requesting that their Standard ECFMG Certificate be made valid indefinitely.

## I. TO BE COMPLETED BY APPLICANT (type or print)

USMLE/ECFMG

Applicant Identification No.

0-553-258-5

Program ID No. (as listed in American Medical Association's Graduate Medical Education Program Directory)

140-33-12-236

Name John Charles AkodaU.S. Social Security Number 215 43 9065 Date of Birth 04 / 17 / 63Mailing Address for Sticker P.O. Box 192City Neptune State NJ Zip Code 07754Country \_\_\_\_\_ Check Here if this is a Change in Permanent Address for ECFMG Records ☐Telephone Number (732) 775-1092 Fax (732) 775-1092Signature John Charles Akoda Date 7/10/98VISA STATUS: (if applicable)  
(check one)Immigrant ☒Non-Immigrant ☐J-1 ☐H-1B ☐Other (please specify) ☐

## II. TO BE COMPLETED BY PROGRAM DIRECTOR, DIRECTOR OF GRADUATE MEDICAL EDUCATION, OR OTHER AUTHORIZED OFFICIAL (type or print)

INSTITUTION (as listed in AMA's Graduate Medical Education Program Directory)

JERSEY SHORE MEDICAL CENTERCITY NEPTUNE STATE \_\_\_\_\_SPECIALTY INTERNAL MEDICINETelephone Number (732) 776-4420 Fax (732) 776-4619Name and Title of Institution Official JOHN A. CROCCO, M.D.Signature of Institution Official PROGRAM DIRECTOR/DEPT. CHAIR OFSignature of Institution Official MEDICINE Date 7-17-98

Please affix institution or corporate seal, or if not available, complete acknowledgment by a notary.

ENTRY DATE OF APPLICANT  
TO ACGME ACCREDITED  
PROGRAM:7 / 1 / 98  
month day year

APPLICANT ENTERED AS:

(check one)

Resident ☒Clinical Fellow ☐Other (please specify) ☐VALID INDEFINITELY  
SENTINSTITUTION  
CORPORATE  
OR  
NOTARIAL  
SEAL

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, before me appeared \_\_\_\_\_, satisfactorily proven to me to be the person whose name is subscribed to the within instrument, and acknowledged that he/she executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seals.

Notary Public

Upon receipt of this form and verification of the information, ECFMG will mail a revalidation sticker to the applicant at the mailing address listed in Item I.

SEE REVERSE SIDE OF THIS FORM FOR ECFMG'S POLICY AND PROCEDURES

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